PERMITTING & COMPLIANCE DIVISION MOTOR VEHICLE RECYCLING AND DISPOSAL PROGRAM Metcalf Building

Phone: (406)444-5300 PO Box 200901

Fax: (406)444-1374 Helena, MT 59620-0901

TO: PROSPECTIVE APPLICANTS FOR MOTOR VEHICLE WRECKING FACILITY LICENSES

Attached you will find an application for a Montana Motor Vehicle Wrecking Facility License. The application must be completed and all additional supporting information must be supplied in order to obtain a license as required in Section 75-10-511, MCA. Processing time after the Department receives a **complete** license application is 90 to 120 days.

As required by law, all junk vehicles must be shielded from public view. <u>Public view</u> is defined as any point six feet above the surface of the center of any public road from which the wrecking facility and junk vehicles can be seen. You will be required to document the type and adequacy of your shielding in the application.

It is important to allow yourself time for the entire licensing process to proceed. Two separate 30-day comment periods are required to be provided to the public. Upon receipt of a complete application for license, the Program must provide a 30-day comment period to the County Commissioners, adjoining property owners, and other interested parties. A Program representative will schedule a visit to the proposed site as soon as possible after the end of the first comment period. The Department will then prepare an Environmental Assessment (EA) concerning the proposed facility. The EA will be circulated for public comments for a period of at least 30 days. This is the second comment period. After the end of the second public comment period you will be contacted concerning any changes or additional information that may be needed. The Department will then make its final decision on licensing.

If the Department's decision is to approve a license, the license will not be issued until all necessary shielding and construction are completed and the yearly license fee has been received. The yearly license fee is \$100.00 and expires at the end of each year. The license fee will be pro-rated on a quarterly basis for new facilities only and is non-refundable and non-transferable.

If you have any questions, please do not hesitate to contact your local junk vehicle program director or us.

Revised: March 31, 1999

INSTRUCTIONS FOR LICENSE APPLICATION

items i + Den Explanatory	Items 1-4		Self-Explanatory
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- Item 5 -- Fill in the complete legal description, including the size or dimensions of the facility to be used. Attach additional sheets if needed. A description of "7 miles north of town" or "817 Green Street" is not a legal description. If you are re-licensing an existing wrecking facility, use this space to provide the facility's previous name, licensee's name, and current motor vehicle wrecking facility license number.
- Item 6 -- If you are renting or leasing the property, fill in the information and include a copy of the lease or rental agreement. If you are in the process of buying the land (contract for deed) include title holder's name and address.
- Item 7 -- If you are submitting this application to license a currently licensed and properly shielded motor vehicle wrecking facility, you may omit the information required.

If the site you are applying for a license on is not currently licensed, then you must send all information required in Item 7.

- Item 8-17 -- Self-explanatory
- Item 18 -- This must be completed and signed by the appropriate local official after the application is completed. This is mandatory even if no zoning ordinances are currently in place.

NOTE: A copy of the completed application and attachments <u>must be submitted to the</u> <u>director of the county junk vehicle program</u> in the county where the proposed facility is located.

Please use the tab key to move between fields.

MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY

Permitting & Compliance Division Motor Vehicle Recycling and Disposal Program P.O. Box 200901 Helena, MT 59620-0901

MOTOR VEHICLE WRECKING FACILITY

APPLICATION FOR LICENSE

	mplete this for ease print or t		n with attachments t	to the address note	ed above.				
1. l	Name of App	licant:							
2.]	Name of Faci	lity:							
3.	Facility Maili	ng Address:	Street		City	State	Zip		
4.	Address of Fa	cility:	Street		City	State	Zip		
5. 3	Size and legal	description	of facility:						
	If you are not property:	the owner of	f the premises, give	name and address	of the person of	or business that holds t	itle to the		
]	Name:								
	Address:								
]	Is this a rental	or lease? Yo	es No	(Attach a cop	y of the rental,	lease, or contract for d	leed agreement.		
7	Attachments:	a)	Map of city or cou	nty showing propo	osed location of	facility.			
		b)	Topographic map of area (may be combined with above map).						
		c)				e type and adequacy any buildings or struct			

8. How will automotive fluids including crank case oil, transmission fluid, anti-freeze, and gasoline be managed and disposed of?
9. Are there any streams, intermittent drainages, or irrigation ditches on or within 3 miles of the property? Yes No If so, where are they located and how will they be protected from potential impacts of facility operations?
10. Will surface water run-off controls be necessary to prevent potentially contaminated run-off from leaving the property? Yes No If so, how? (You may need to apply for an MPDES permit from the Permitting and Compliance Division of the Department of Environmental Quality in addition to this wrecking facility license. Please contact them for information.)
11. Are there water wells in the vicinity (2 mile) of this property? Yes No If so, how deep are they? and at what depth is the first water table encountered? feet. (Include well logs if available. The Department of Natural Resources and Conservation is a good source for logs).
12. <u>Please obtain and attach soils information</u> for this proposed location. Typical sources of soil data are the local Natural Resource Conservation Service Office, County Planning Office and County Health Department.
13. List the names and complete mailing addresses of <u>all adjoining property owners</u> to the facility site and the property where the facility is located. Include any city, county, state, or federal lands.

14. Are there any potential environmental impacts that might occur with the development or operation of this wrecking yard?
14a If so, will special operational practices be incorporated to minimize these impacts?
15. The Montana Historical Society, State Historic Preservation Office (225 North Roberts, Helena, MT 59620) must be contacted to see if any historical sites are present on or near the proposed site. Has this been done? Yes No (Attach any response from the Society).
16. Has the director of the county junk vehicle program been notified of this application? Yes No (A copy of this application and all <u>attachments must be submitted to the local director</u> .)
17. I hereby certify this information is to the best of my knowledge accurate and factual. SIGNATURE OF APPLICANT:
TITLE: PHONE:
DATE: REQUIRED: After completing the form to this point, please print it. Then take it to your local zoning officer or city/county planner.
18. I hereby certify that the site of the planned motor vehicle wrecking facility is in accordance with local government zoning and ordinances. (To be signed by the appropriate local government official having knowledge of local zoning ordinances even if no zoning or other ordinances are currently in place.)
NAME OF OFFICIAL:
SIGNATURE:
TITLE:
OF: DATE: